

BUDGET SUMMARY - BUDGETED COSTS

TITLE III AND VII PROGRAMS

BUDGET PERIOD:		<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> REVISION NO.:		GRANT NO.:		DATE:	PSA NO.:	
COST CATEGORIES		(a) Total Amount Budgeted	(b) Area Plan Admin	(c) III B Supportive Svcs	(d) III C-1 Congregate Nutr	(e) III C-2 Home Del Nutr	(f) III D Disease Prev	(g) VII Ombudsman	(h) VII Elder Abuse Prev
1. Personnel (+)	CASH								
	IN-KIND								
2. Staff Travel (+)	CASH								
	IN-KIND								
3. Staff Training (+)	CASH								
	IN-KIND								
4. Equipment (+)	CASH								
	IN-KIND								
5. Consultants (+)	CASH								
	IN-KIND								
6. Food Costs (+)	CASH								
	IN-KIND								
7. Other Costs (+)	CASH								
	IN-KIND								
8. DIRECT AREA	CASH								
	IN-KIND								
AGENCY COSTS (=)	IN-KIND								
9. Indirect or Grantee Allocated Costs (+)	CASH								
	IN-KIND								
10. TOTAL AREA	CASH								
	IN-KIND								
AGENCY COSTS (=)	IN-KIND								
11. Cost of Contracted Services (+)	CASH								
	IN-KIND								
12. TOTAL AREA	CASH								
	IN-KIND								
PLAN COSTS (=)	IN-KIND								
13. TOTAL CASH & IN-KIND									

BUDGETED FUNDING AND MATCHING CONTRIBUTIONS

TITLE III AND VII PROGRAMS

BUDGET PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		GRANT NO.:		DATE:	PSA NO.:		
SECTION A FUNDING SOURCES		(a) Total Amount Budgeted	(b) Area Plan Admin	(c) III B Supportive Svcs	(d) III C-1 Congregate Nutr	(e) III C-2 Home Del Nutr	(f) III D Disease Prev	(g) VII Ombudsman	(h) VII Elder Abuse Prev
1. Grant Related Income	CASH								
2. NSIP	CASH								
3. Non-Matching Contributions	CASH								
	IN-KIND								
4. State Funds	CASH								
5. Matching Contributions	CASH								
	IN-KIND								
6. Federal Funding	CASH								
7. TOTAL AREA	CASH								
	IN-KIND								
PLAN FUNDING									
8. TOTAL CASH & IN-KIND									

SECTION B

MINIMUM MATCHING REQUIREMENTS

ITEM	(a) Area Plan Admin	(b) Title III Programs	(c) Total
1. Costs to be Matched			
2. Required Matching Percentages	25%	10.53%	
3. Minimum Required Match			
4. Required Local Public Agencies Matching = Line 3 x 25%			

SECTION B - COSTS TO BE MATCHED INSTRUCTIONS:

Area Plan Admin Costs to be Matched Calculation:

Pg 1 col (b) Line 13 minus Pg 2 col (b) Lines 1 through 4

Title III Programs Costs to be Matched Calculation:

Pg 1 Line 13 col (c) + col (d) + col (e) + col (f) -
 minus Pg 2 Lines 1 through 4 col (c), col (d), col (e), & col (f)

NOTE: Title III Match May be Pooled to Meet Minimum Match Requirement

SECTION C

**AREA PLAN ADMINISTRATION
 MATCHING CONTRIBUTIONS**

Source	Cash	In-Kind	Total
5. TOTAL			

SECTION D

LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS
 (Local Public Agencies Must Contribute At Least 25% of Total Minimum Match)

Source	Cash	In-Kind	Total
6. TOTAL			

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ADEQUATE PROPORTION, SUPPORTIVE SERVICES (IIIB) OTO & TRANSFERS

BUDGET PERIOD:	[] ORIGINAL [] REVISION NO.:	GRANT NO.:	DATE:	PSA NO.:
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SECTION A

ADEQUATE PROPORTION CALCULATION

ITEM	Amount
1. Total Supportive Services Federal Share Page 6 Column (h)	+
2. Less III B Ombudsman Federal Share Page 6 Column (h) Direct and Contracted	-
3. Less III B One-Time-Only Page 6 Column (h) Direct and Contracted	-
4. Equals III B Supportive Services Base Allocation	=

Service Category Do not include OTO	Federal Share	% of Base*	Approved Percentage^
5. Information & Assistance			
6. Case Management			
7. Assisted Transportation			
8. Transportation			
9. Outreach			
10. Total Access			
11. Personal Care			
12. Homemaker			
13. Chore			
14. Visiting			
15. In-Home Respite			
16. Alzheimer's Day Care			
17. Minor Home Modification			
18. Total In-Home			
19. Legal Assistance			

* Total Federal Share Divided by III B Base (line 3)
^ As Approved in the Area Plan

SECTION C

TRANSFER OF FUNDS (Do not include OTO)

Fund	Current Budget Display	Increase	Decrease	New Budget Display
1. III B Admin				
2. III C-1 Admin				
3. III C-2 Admin				
4. III B Ombudsman				
5. III B Program				
6. III C-1 Program				
7. III C-2 Program				
8. State B Ombudsman				
9. State B Program				
10. State C-1 Congr Admin				
11. State C-1 Congr Program				
12. State C-2 Home Del Admin				
13. State C-2 Home Del Program				
14. State D Disease Prev				
15. State VII Ombudsman				
16. State VII Elder Abuse Prev				
17. NSIP C-1 Congr Program				
18. NSIP C-2 Home Del Program				

SECTION B

III B ONE-TIME-ONLY ALLOCATIONS (List Programs and Amounts):

TITLE III AND VII PROGRAMS-ADMIN & DIRECT SERVICES

[illegible]

TITLE III AND VIII PROGRAMS-ADMIN & DIRECT SERVICES

[illegible]

SCHEDULE OF SUPPORTIVE SERVICES (III B)

BUDGET PERIOD:	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		GRANT NO.:		DATE:		PSA NO.:	
PROGRAMS	(a) Total Budgeted Costs	(b) Grant Related Income	Non-Matching Contributions		(e) State Funds	Matching Contributions		(h) Federal Share
			(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	
PART I DIRECT SERVICES								
Program Development								
Coordination								
TOTAL DIRECT III B SERVICES								
PART II CONTRACTED SERVICES								
Personal Care (In-Home)*								
Homemaker (In-Home)*								
Chore (In-Home)*								
Adult Day/Health Care								
Case Management (Access)*								
Assisted Transportation (Access)*								
Transportation (Access)*								
Legal Assistance*								
Information & Assistance (Access)*								
Outreach (Access)*								
Other Services:								
a. Housing								
b. Alzheimer's (In-Home)*								
c. Security/Crime								
d. Health								
e. Mental Health								
f. Comm Svcs/Senior Center Mgt								
g. Employment								
h. Consumer								
i. Visiting (In-Home)*								
j. In-Home Respite (In-Home)*								
k. Minor Modification (In-Home)*								
l.								
Ombudsman								
TOTAL CONTRACTED SERVICES								
TOTAL SUPPORTIVE SERVICES								

*-Denotes Priority Services

**SCHEDULE OF NUTRITION (III C-1 & III C-2) &
DISEASE PREVENTION (III D) PROGRAMS**

BUDGET PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		GRANT NO.:		DATE:		PSA NO.:	
PROGRAMS	(a) Total Budgeted Costs	(b) Grant Related Income	(c) NSIP	Non-Matching Contributions		(f) State Funds	Matching Contributions		(i) Federal Share
				(d) Cash	(e) In-Kind		(g) Cash	(h) In-Kind	
III C-1									
Congregate Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-1									
III C-2									
Home Delivered Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-2									
III D									
Nutrition Counseling									
Nutrition Education									
Disease Prev & Health Promotion									
Medication Management									
Total III D									

OTHER PROGRAMS ADMINISTERED BY THE AREA AGENCY

[illegible]